



CANDIDATE

NORTH CAROLINA STATE ETHICS COMMISSION

2014 STATEMENT OF ECONOMIC INTEREST

919-715-2071

www.ethicscommission.nc.gov

FOR OFFICE USE ONLY

FILER'S NAME (FIRST, MIDDLE, LAST)

First Name

Middle Name

Last Name

Suffix

MAILING ADDRESS, CITY, STATE, ZIP+4¹

Address

City

State

Zip

HOME ADDRESS, CITY, STATE, ZIP+4

☐ Same as Mailing Address

Address

City

State

Zip

CURRENT EMPLOYER

JOB TITLE

NATURE OR TYPE OF BUSINESS

DAYTIME PHONE NUMBER

ALTERNATE PHONE NUMBER

E-MAIL ADDRESS

REASON FOR FILING (SELECT ALL THAT APPLY)

☐ STATE GOVERNMENT JOB (Please specify the agency for which you work or are being considered)

☐ BOARD/COMMISSION (Please list all boards on which you are serving or are being considered)

☐ JUDICIAL OFFICER (Please specify the office you hold)

☐ LEGISLATOR (Please specify the legislative branch - House or Senate)

Do other immediate family members reside in your household?²

☐ Yes ☐ No

FULL NAME³

RELATIONSHIP

EMPLOYER

JOB TITLE

NATURE OF BUSINESS

¹ With the exception of judicial officers (including Justices or judges of the General Court of Justice, district attorneys, and clerks of court), persons holding or seeking an elected office with a residency requirement must provide a home address.

² Immediate family includes your spouse (unless legally separated), minor children, and members of your extended family (your and your spouse's adult children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) that reside in your household.

³ Filers may use the initials of unemancipated children instead of those children's names. If initials are used, the children's names should be provided on a (non-public) supplement form available from the Commission upon request.

I. \$10,000 PLUS DISCLOSURES

If you, your spouse, or members of your immediate family have assets or liabilities with a market value of at least \$10,000 in the following categories, please provide the requested information as of December 31st of the preceding year unless another time period is specified in the question.

- ▶ Do not list the value of those assets or liabilities.
- ▶ Do not list assets or liabilities held in a blind trust⁴ established by or for the benefit of you or an immediate family member.

1. Do you, your spouse, or members of your immediate family have an ownership interest in any real estate located in North Carolina with a market value of \$10,000 or more?

▶ **This may include your home/residence.**

☐ Yes ☐ No

Owner of Real Estate	% Ownership Interest	Location by City	Location by County

2. Do you, your spouse, or members of your immediate family lease or rent to or from the State real estate with a market value of \$10,000 or more?

☐ Yes ☐ No

Name of Lessor	Name of Lessee (Renter)	Location by City	Location by County

3. Within the preceding two years, have you, your spouse, or members of your immediate family sold to or bought from the State personal property with a market value of \$10,000 or more?

☐ Yes ☐ No

Name of Purchaser	Name of Seller	Type of Property

4. Do you, your spouse, or members of your immediate family currently lease or rent to or from the State personal property with a market value of \$10,000 or more?

☐ Yes ☐ No

Name of Lessor	Name of Lessee (Renter)	Type of Property

⁴ A "blind trust" is a trust that meets all of the following criteria: (a) the owner of the trust's assets has no knowledge of the trust's holdings and sources of income, (b) the individual or entity managing the trust's assets ("the trustee") is not a member of the covered person's extended family and is not associated with or employed by the covered person or his or her immediate family, and (c) the trustee has sole discretion to manage the trust's assets. G.S. 138A-3(1).

5(a). Do you, your spouse, or members of your immediate family own interests (generally stock) valued at \$10,000 or more in a publicly owned company?

☐ Yes ☐ No

► Do not list ownership interests in a widely held investment fund (including mutual funds, regulated investment companies, or pension or deferred compensation plans) if (i) the fund is publicly traded or its assets are widely diversified and (ii) neither you nor an immediate family member are able to control the assets held in the mutual fund, investment company, or pension or deferred compensation plan.

Owner of Interest	Full Name of Company (Do not use a ticker symbol)

5(b). Do you, your spouse, or members of your immediate family hold stock options valued at \$10,000 or more in a company or business?

☐ Yes ☐ No

Owner of Stock Option	Full Name of Company (Do not use a ticker symbol)

6(a). Do you, your spouse, or members of your immediate family have financial interests valued at \$10,000 or more in a non-publicly owned company or business entity (including interests in sole proprietorships, partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations)?

☐ Yes ☐ No - If "No", proceed to question 7.

Owner of Interest	Name of Business Entity

6(b). For each of those non-publicly owned companies or business entities identified in question 6(a) (the "primary company"), please list the names of *any other companies* in which the primary company owns securities or equity interests valued at over \$10,000, *if known*.

Non-Publicly Owned Company (the Primary Company)	Other Companies in which the Primary Company Owns Security or Equity Interests
<input type="checkbox"/> None or Not Known	

6(c). If you know that any company or business entity listed in 6(a) or (b) above has any material business dealings or business contracts *with the State*, or is *regulated by the State*, provide a brief description of that business activity.

Name of Company or Business Entity	Description of Business Activity with the State
<input type="checkbox"/> None or Not Known	

7. Are you, your spouse, or members of your immediate family the beneficiaries of a vested trust with a value of \$10,000 or more that is created, established, or controlled *by you*?

☐ Yes ☐ No

► Do not list blind trusts⁴.

Name and Address of Trustee	Description of the Trust	Your Relationship to the Trust

8. Do you, your spouse, or members of your immediate family have a liability (debt) of \$10,000 or more, excluding indebtedness (mortgage) on your primary personal residence? Examples include credit card debts, auto loans, and student loans.

☐ Yes ☐ No

Name of Debtor (You, Spouse, Immediate Family Member)	Type of Creditor (Commercial Bank, Credit Union, Individual, etc.)

II. OTHER DISCLOSURES

9(a). During the preceding calendar year, were you, your spouse or members of your immediate family a director, officer, governing board member, employee, independent contractor, or registered lobbyist of a nonprofit corporation or organization operating in the State primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes?

☐ Yes ☐ No - If “No”, proceed to question 10.

- Do not list State boards or entities, or entities created by a political subdivision of the State.
- Do not list organizations of which you are a mere member or subscriber.

Name of Person	His/Her Position	Name of Nonprofit Corporation or Organization	Nature of Business or Purpose of Organization

9(b). If the listed nonprofit corporations or organizations do business with the State or receive State funds, please provide a brief description of the nature of that business, if known, or with which due diligence could reasonably be known.

Name of Nonprofit Corporation or Organization	Describe State Business or State Funding
<input type="checkbox"/> None or Not Known	

10. List each source of income (not specific amounts) of more than \$5,000 received by you, your spouse, or members of your immediate family during the preceding calendar year. Include salary, wages, state/local government retirement, professional fees, honoraria, interest, dividends, rental income, business income, and other types of income required to be reported on your federal tax return.

Do not include income received from the following sources:

- ▶ Capital gains
- ▶ Federal government retirement
- ▶ Military retirement
- ▶ Social security income/SSDI

Recipient of Income	Name of Source	Type of Business/Industry	Type of Income
<input type="checkbox"/> I had no reportable income over \$5,000 in the preceding calendar year.			

11. Are you a practicing attorney?

☐ Yes ☐ No ☐ Judicial Officer/State Attorney

If "Yes", check each category of legal representation in which you or the law firm with which you are associated has earned legal fees of \$10,000 or more during the preceding calendar year.

<input type="checkbox"/> Administrative	<input type="checkbox"/> Admiralty	<input type="checkbox"/> Corporate	<input type="checkbox"/> Criminal
<input type="checkbox"/> Decedent's Estates	<input type="checkbox"/> Environmental	<input type="checkbox"/> Insurance	<input type="checkbox"/> Labor
<input type="checkbox"/> Local Government	<input type="checkbox"/> Real Property	<input type="checkbox"/> Securities	<input type="checkbox"/> Tax
<input type="checkbox"/> Tort litigation (including negligence)	<input type="checkbox"/> Utilities Regulation	<input type="checkbox"/> Other category not listed or did not earn legal fees of \$10,000 or more during the preceding calendar year	

12. Are you (1) a licensed professional (other than an attorney) or do you provide consulting services individually or as a member of a professional association and (2) did you charge or were you paid over \$10,000 for those services during the preceding calendar year?

☐ Yes ☐ No

Type of Business	Nature of Services Rendered

13. Are you or your employer, your spouse or members of your immediate family, or their employer:

- Licensed by the State board or employing entity with which you are or will be associated **or**
- Regulated by the State board or employing entity with which you are or will be associated **or**
- Have a business relationship with the State board or employing entity with which you are or will be associated?

☐ Yes ☐ No ☐ Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or a judicial officer ("judicial officer" is defined in footnote 1) or you are filing as an appointee to those offices.

Name of Person	Name of Employer (if applicable)	Type of Relationship (Licensing, Regulatory, Business)

14. During the preceding calendar year, were you, your spouse, or members of your immediate family a director, officer, or governing board member of any society, organization, or advocacy group which has an interest pertaining to subject matter areas over which your agency or board may have jurisdiction?

☐ Yes ☐ No ☐ Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or a judicial officer or you are filing as an appointee to those offices.

► Do not list organizations of which you are only a member (not a leadership role).

Name of Person	Name of Society, Organization or Advocacy Group	Leadership Position (Director, Officer, Board Member)

15. Have you ever been convicted of a felony for which you have not received either (i) a pardon of innocence or (ii) an order of expungement regarding that conviction?

☐ Yes ☐ No

Offense	Date of Conviction	County of Conviction	State of Conviction

16. During any calendar quarter in the preceding year (but only the time period after you were appointed, employed or filed or were nominated as a candidate), did you

- receive any gift(s) exceeding \$200 per quarter from a person or group of persons acting together, **and**
- when both you and those person(s) were outside North Carolina at the time you accepted the gift(s), **and**
- the gift(s) were given under circumstances that would lead a reasonable person to conclude that they were given for lobbying?

☐ Yes ☐ No

► Do not report gifts given by members of your extended family.

► Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the "Expense Report for Exempted Persons."

Date Item Received	Name and Address of Donor(s)	Describe Item Received	Estimated Market Value

17. During the preceding year (but only the time period after you were appointed, employed, or filed or were nominated as a candidate) have you

- accepted a "scholarship" exceeding \$200 from a person or group of persons acting together **and**
- those person(s) were outside North Carolina **and**
- the scholarship was related to your public position? **A "scholarship" is a grant-in-aid to attend a conference, meeting, or similar event.**

☐ Yes ☐ No ☐ Judicial Officer - You are not required to complete this question if you are a judicial officer or you are filing as a judicial officer appointee.

► Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the "Expense Report for Exempted Persons."
► Legislators are not required to report scholarships paid by a nonpartisan legislative organization of which the legislator or the General Assembly is a member or participant or an affiliate of that organization.

Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value

18. Are you or a member of your immediate family currently registered as a lobbyist or lobbyist principal or were you registered as such within the preceding 12 months?

☐ Yes ☐ No

Name of Lobbyist	Lobbyist's Principal	Date of Registration	Registration Expiration

19(a). List the name of each business with which you are associated where you or a member of your immediate family is an employee, director, officer, partner, proprietor, or member or manager.

Name of Person	Relationship to Filer	Name of Company	Role of Person
<input type="checkbox"/> No Business Associations - If "No Business Associations", proceed to question 20.			

19(b). If you know that any company or business entity listed in 19(a) above has any material business dealings or business contracts with the State, or is regulated by the State, provide a brief description of that business activity.

Name of Company or Business Entity	Description of Business Activity with the State
<input type="checkbox"/> Not applicable (No entities listed on #19a) <input type="checkbox"/> No relationship / Not known	

20. Were you appointed to, or are you being considered for, an appointment to a covered board by the **Governor** or another Council of State member?

Council of State members are:

- | | | |
|-----------------------------|-------------------------------|--|
| ▶ Governor | ▶ Lt. Governor | ▶ Secretary of State |
| ▶ State Auditor | ▶ State Treasurer | ▶ Superintendent of Public Instruction |
| ▶ Attorney General | ▶ Commissioner of Agriculture | ▶ Commissioner of Labor |
| ▶ Commissioner of Insurance | | |

☐ Yes ☐ No

If "Yes", list all contributions you (not immediate family members) made during the preceding calendar year with a cumulative total of more than \$1,000 to the Council of State member who appointed you.

▶ Contributions are defined in N.C.G.S. 163-278.6(6) and include, but are not limited to, "any advance, conveyance, deposit, distribution, transfer of funds, loan, payment, gift, pledge or subscription of money or anything of value whatsoever."

Date	Amount	Contributed to
<input type="checkbox"/> No contribution(s) with a cumulative total of more than \$1,000		

21. Are you now, or are you a prospective appointee to:

- a. the head of a principal state department (e.g. cabinet secretary) appointed by the Governor; or
- b. a North Carolina Supreme Court Justice, Court of Appeals, Superior or District Court Judge; or
- c. a member of any of the following boards:
- ABC Commission
 - Coastal Resources Commission
 - State Board of Education
 - State Board of Elections
 - Division of Employment Security
 - Environmental Management Commission
 - Industrial Commission
 - Human Resources Commission
 - Rules Review Commission
 - Board of Transportation
 - UNC Board of Governors
 - Utilities Commission
 - Wildlife Resources Commission

☐ Yes ☐ No

If "No", proceed to question 22.

- d. If so, were you appointed to, or are you being considered for, appointment to your public position by a Council of State Member (Governor, Lt. Governor, Secretary of State, State Auditor, State Treasurer, Superintendent of Public Instruction, Attorney General, Commissioner of Agriculture, Commissioner of Labor, or Commissioner of Insurance)?

☐ Yes ☐ No

If "No", proceed to question 22.

- e. If so, you must indicate whether during the preceding calendar year you (not immediate family members) engaged in any of the following activities with respect to or on behalf of the candidate or campaign committee of the Council of State member who appointed you to your public position:
- i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee? Contributions are defined in N.C.G.S. 163-278.6(6) and include, but are not limited to, "any advance, conveyance, deposit, distribution, transfer of funds, loan, payment, gift, pledge or subscription of money or anything of value whatsoever."

☐ Yes ☐ No

- ii. Hosted a fundraiser at your residence or place of business?

☐ Yes ☐ No

- iii. Volunteered for campaign-related activities, which include, but are not limited to, phone banks, event assistance, mailings, canvassing, surveying, or any other activity that advances the campaign of a candidate?

☐ Yes ☐ No

22. Are you aware of any other information that *you believe* may assist the State Ethics Commission in advising you concerning your compliance with the State Government Ethics Act?

☐ Yes ☐ No

AFFIRMATION

I affirm that the information provided in this Statement of Economic Interest and any attachments hereto are true, complete, and accurate to the best of my knowledge and belief.

I also certify that I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

I understand that my Statement of Economic Interest and any attachments or supplements thereto are public record.

I acknowledge that I have read and understand N.C.G.S. 138A-26 regarding concealing or failing to disclose material information and N.C.G.S. 138A-27 regarding providing false information:

§ 138A-26. Concealing or failing to disclose material information.

A filing person who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a statement of economic interest under this Article shall be guilty of a Class 1 misdemeanor and shall be subject to disciplinary action under G.S. 138A-45.

§ 138A-27. Penalty for false information.

A filing person who provides false information on a statement of economic interest as required under this Article knowing that the information is false is guilty of a Class H felony and shall be subject to disciplinary action under G.S. 138A-45.

☐ I Agree

****Notarization is no longer required****

Printed Name

Signature

Date

Submit SIGNED, ORIGINAL documents. You must file this form at the same place you file your notice of candidacy. **DO NOT file this form with the State Ethics Commission.**